

GP-B REQUIREMENT VERIFICATION CERTIFICATION

SECTION I - VERIFICATION INFORMATION

SPECIFICATION:	SECTION/PARAGRAPH:	VERIFICATION TYPE:	PLAN/DOCUMENT(S):
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REQUIREMENT:

SECTION II - MSFC LEAD/PREBOARD

CERTIFICATION ACTIVITIES *(Test attended, analyses reviewed, records inspected)*:

DISPOSITION:

DATE	INIT.	P/B INIT.	A/R	IF "REJECTED", REASON/JUSTIFICATION. IF "APPROVED", ANY RESIDUAL RISKS/CAVEATS

MSFC LEAD/PREBOARD CERTIFICATION *(approval only)*

MS/NAME:	SIGNATURE	DATE:
PREBOARD/NAME:	SIGNATURE	DATE:

DISCIPLINE ENDORSEMENTS *(approval only)*

MS/NAME:	SIGNATURE	DATE:
MS/NAME:	SIGNATURE	DATE:
MS/NAME:	SIGNATURE	DATE:

IV & V ENDORSEMENT - APPROPRIATE VERIFICATION METHOD AND PROCESSES *(as-required, approval only)*

MS/NAME:	SIGNATURE	DATE:
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SECTION III - VCB

VERIFICATION OF THIS REQUIREMENT IS _____

IF "REJECTED", ACTION REQUIRED:

VCB DATE	ACTIONEE	DATE DUE	ACTION REQUIRED

BOARD CHAIR SIGNATURE: Rex Geveden MANAGER, GRAVITY PROBE-B PROGRAM	DATE:
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